Use this form for general report and committee information   Do not use this form to update information	Disclosure Re		Amendment  Yes No							
1. Committee Information   2. ID Number   C. ID Number   ECDW22		-	information, must	be signed an	d submitted alor	ng with oth	ner detailed forms.			
A. Pull Name   Committee To Re-Elect Tom F Mark   ECDW22		*								
Committee To Re-Elect Tom F Mark   ECDW22	1. Committee Info	rmation								
Date Piled   South Start Date (mm/sdb/yy)   S. Treasurer Full Name   (mm/sdb/yy)   State/County   (mm/sdb/										
South   Sout	Committee To Re-l	Elect Tom F Mark					ECDW22			
New Bern, NC 28560							d. Date Filed			
2. Report Year  3. Period Start Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name  2. Report Year  3. Period Start Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name  Wilfred R Chagnon  6. Type of Committee (Check One)  9. Type of Report (check only one type of report from one category)  Municipal  9. PAC  1. Period End of Period Indicational  1. Account Information  2. Pace Indicational  3. Pinnacial Institution Pull Name  3. Pinnacial Institution Pull Name  4. Period Begin Balance  3. Purpose  4. Period Begin Balance  3. Purpose  4. Period Begin Balance  3. Purpose  5. Account Code  6. Type of Fund Information  5. Treasurer Full Name  8. Number of Fundraisers this Report  1. Account Information  2. Pinnacial Institution Pull Name  8. Number of Fundraisers this Report  1. Account Information  2. Parpose  3. Purpose  4. Period Begin Balance  5. Purpose  6. Account Code  Campaign  Account  6. Period Begin Balance  5. Purpose  6. Account Code  Campaign  Account  6. Period Begin Balance  5. Sa2-97 1/2 App 5. 15  CERTIFICATION  1. Certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  4. Period Begin Balance  5. Parpose  6. Period Begin Balance  7. Printed Name of Signer  8. Signature of Appointed Treasure  1. Polivery Method  1. Poriod Mail  1. Registered Mail							10/20/2014			
2. Report Year  2. Report Year  2. Report Year  3. Period Start Date (mm/dd/yy)  2. Refered mm/dd/yy)  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name    2014							e. Phone Number			
2014 07/01/2014 10/18/2014 Wilfred R Chagnon  6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category)    Candidate Campaign   Party   Municipal   State/County   Referendum   Organizational   Organizational   Organizational   Party   Pre-referendum   Organizational   Organizational   Organizational   Pre-referendum   Pre-referendum							(252) 635-6448			
Candidate Campaign	2. Report Year	3. Period Start Date (mm/d	IA/VVI		5. Treas	urer Full l	Name			
Candidate Campaign	2014	07/01/2014	1	0/18/2014	Wilfred	R Chagnor	a			
Candidate Campaign	6. Type of Commit	tee (Check One)	9. Type of Rep	ort (chec	ck only one type	e of report j	ort from one category)			
Independent	Candidate Camp	aign Party	Municipal	S	tate/County		Referendum			
Expenditure   Joint Fundraiser   Intry-tive day   Guartery   Pre-Preferendum		Referendum	Organizati	onal [	Organizationa	al	Organizational			
Legal Expense Fund		Joint Fundraiser	Thirty-five	day	Quarterly		Pre-referendum			
Pre-election		und								
Building Fund	7. Type of Fund	(if applicable, check one)	Pre-primar	у   [	First Final					
Semi-annual	Booster Fund"		Pre-election			Į.	Supplemental Final			
Other:	Building Fund									
Other:   Year End							Special Special			
Special   Spec	Othor:		1 =		-		10 Cresial Depart Name			
Special   Final   Final   Special   Final   Final   Final   Special   Final   Fina	Other.				=		10. Speciai Report Name			
11. Account Information  a. Financial Institution Full Name  BB&T  b. Purpose  c. Account Code  Campaign Account For Receipts and Expenditures  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon Printed Name of Signer  FOR OFFICE USE ONLY Date Received:  Date Postmarked:  Employee:  Delivery Method Normal Mail Registered Mail	8. Number of Fund	raisers this Report	=		_					
11. Account Information a. Financial Institution Full Name  BB&T b. Purpose c. Account Code b. Purpose c. Account Code campaign Account For Receipts and Expenditures  certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon Printed Name of Signer  FOR OFFICE USE ONLY Date Received:  Date Postmarked:  Employee:  Date Postmarked:  Employee:  Date Registered Mail	or rumber of Fund	raisers this report	-,		=					
a. Financial Institution Full Name  BB&T  b. Purpose	11 Aggaunt Inform	action		11 Acce						
BB&T  b. Purpose										
Campaign Account For Receipts and Expenditures  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Delivery Method Normal Mail Registered Mail										
Campaign Account For Receipts and Expenditures  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Delivery Method Normal Mail Registered Mail	b. Purpose	c. Account Code		b. Purpose	:		c. Account Code			
Account For Receipts and Expenditures  CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon Printed Name of Signer  Signature of Appointed Treasurer  Delivery Method Normal Mail Registered Mail		1	***************************************							
Expenditures  Sa2:97 295.15  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Delivery Method  Normal Mail  Registered Mail										
Expenditures  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Delivery Method  Normal Mail  Registered Mail							d. Period Begin Balance			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Delivery Method  Normal Mail  Registered Mail	\$ \$32-67 H 2 90< 1F						\$			
the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Delivery Method  Normal Mail  Registered Mail	CERTIFICATION						•			
the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Wilfred R Chagnon  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Delivery Method  Normal Mail  Registered Mail	I certify that the Cor	nmittee or Fund is in compli	ance with all app	licable provis	ions of Article 2	22A, 22B,	& 22D-22M of Chapter 163 of			
Wilfred R Chagnon  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Delivery Method  Normal Mail  Registered Mail										
Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Delivery Method  Normal Mail  Registered Mail										
Date Received:  Date Received:  Date Postmarked:  Employee:  Employee:  Employee:  Delivery Method  Normal Mail  Registered Mail	Wilfred R (			1 Haffe						
Date Received:	non opproving			Signature of A	ppointed Treasurer		Date			
Date Received: Employee: Normal Mail  Date Postmarked: Employee: Registered Mail				` _	V	г	Jaliyary Mathad			
Date Postmarked: Employee: Registered Mail	Date Received:	10/20/2014	Employe	e: 🔏	my	Ţ				
Date Fostmarked Employee The Delivered	Date Postmarke	d·	Employe	e.	U	Ì	Registered Mail			

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

Employee:

Employee:

Date Scanned:

Date Data Entered:

Hand Delivered Electronically Filed

Signer has not received mandatory training

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Yes

No

Use this form to summarize all disclosure reporting forms and to total monetary information.

Committee Full Name (and Fund if applicable) Committee to Re-Elect Tom F Mark	Quarterly			S. ID Number ECDW22		
	3	_	l			
Start of Election Cycle: January 1,	2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	2995.15	\$	7.51	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$	0	
6) Contributions from Individuals	(CRO-1210)	\$	50.00	\$	4310.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	0	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	100	
9) Loan Proceeds	(CRO-1410)	\$	0	\$	1000.00	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	0	\$	0	
11) Other Receipt Sources				The Control		
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$	0	
11b) Contributions from Not-for-Profit Organizat	cions (CRO-1250)	\$	0	\$	0	
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$	0	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	0	\$	0	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$	0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$	50.00	\$	5410.00	
<b>EXPENDITURES</b>						
13) Disbursements				27		
13a) Operating Expenditures	(CRO-1310)	\$	37.18	\$	1159.54	
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	2975.00	\$	3225.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	\$	0	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0	\$	0	
15) Loan Repayments	(CRO-1420)	\$	0	\$	1000.00	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	0	\$	0	
17) In-Kind Contributions	(CRO-1510)	\$	0	\$	0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$	3012.18	\$	5384.54	
19) Cash on Hand at End (Add lines 4 and 12 together, then su	\$	32.97	\$	32.97		
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0			
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$	0			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	0			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	0			
24) Account Transfers Within the Committee	(CRO-1720)	\$	0			
25) Administrative Support	(CRO-1710)	\$	0	\$	0	
26) Forgiven Loans	(CRO-1440)	\$	0	\$	0	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	0	\$	0	
28) Contributions to be Refunded	(CRO-1215)	\$	0	s	0	

		m Individuals	over \$5		g <u>1</u> of		Amendment  Yes	No		
_				o or contributions un	ider \$50 ii form er	2. ID Nun				
1. Committee Full Name (and Fund if applicable)  Committee to Re-Elect Tom F Mark										
Committ	ee to Ke-Elect 101	II F IVIAIK					ECWD22			
	ibutor Informatio				emove					
	me, Mailing Address &	& Phone		b. Job Title/Profession	on .	d. Comment	ts			
Charles I	city, state, & zip) Henke			Retired						
	ckbeard Lane			c. Employer's Name/	Specific Field					
	n, NC 28560			NYC Police						
252-639-	-9809					e. Election S	um to Date			
						\$	50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
	1	Check			07/10/2	2014	\$	50.00		
							\$			
							\$			
	ibutor Informatio			Add R						
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Professio	d. Comment	s				
				c. Employer's Name/S	Specific Field					
						e. Election S	um to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
							\$			
							\$			
							\$			
	ibutor Informatio				emove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments					
(include	city, state, & zip)			-						
				c. Employer's Name/S	Specific Field					
						e. Election S	um to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
							\$			
							\$			
							\$			

\$

\$

50.00

50.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

**Disbursements** 

Amendment Yes

No

 $\boxtimes$ 

**Disbursements**  $Pg \quad \underline{1} \quad of \quad \underline{2} \quad \square \quad Ye$ Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)  2. ID Number								
Committee To Re-Elect Tom F Mark ECDW22								
3. Type of Disb			CRO-1310 forms for each t					
Operating E		Contributions to Car	andidates/Political Committees		rdinated Party Expenditures			
4. Payee Inform		L	Add	Remove				
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments			
(include city, state,			-					
Citizens to Elec	t Norman		Y 12 -14 -14 (G-14)					
Sanderson	m - :1		c. Level Registered (Specify)					
405 Two Lakes	Trail		Federal	County:				
New Bern, NC			State	Municipality:	e. Election Sum to Date			
28560					\$ 1375.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Check	D	08/14/2014	\$1300.00				
				\$				
4. Payee Inform	ation		Add	Remove				
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,	& zip)							
Committee to E			1					
1701 Pennyroya	ıl Rd		c. Level Registered (Specify)					
New Bern, NC			Federal 🖂	County:				
252-288-7797			State	Municipality:	e. Election Sum to Date			
					\$ 1300.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Check	D	08/14/2014	\$1300.00				
				\$				
4. Payee Inform	ation		Add $\square$	Remove				
	ng Address & Phone		b. Coordinated Committee Na		d. Comments			
(include city, state,					<u> </u>			
	lect Steve Tyson		1					
700 Madame Mo	•		c. Level Registered (Specify)					
New Bern, NC			Federal	County:				
252-633-5720			State	_	e. Election Sum to Date			
-					\$ 375.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Check	D	09/01/2014	\$375	a Atquire Atmarks			
				\$	-4416			
5. Total only thi					\$ 2975.00			
(This line goes in a	CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	cat Comm)	\$ 3012.18					
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties				other Candidate ing Public Office Expenses tion to Legal Expense Fund			
	e detailed explanati	on in required re	emarks field (k)					

Yes

Amendment

No

 $\boxtimes$ 

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)

1. Committee run Name (and rund ii applicable)										
Committee To Re-Elect Tom F Mark ECDW22										
3. Type of Disb				0-1310 forms for each	type	e of Disbur				
Operating I						Coo	rdinated Party Expenditures			
4. Payee Inform			_	Add		Remove				
	ing Address & Phone		b	. Coordinated Committee N	Nam	e		d. Comments		
(include city, state,			-							
Vista Print Nor			H	Y 1 10 1 (0 10)						
95 Hayden Ave			С	Level Registered (Specify)		Carratin				
Lexington, MA 02421781-676-				Federal		County:	-	a Florian Cum to Date		
02421/81-0/0-	/310		State Municipality:			-	e. Election Sum to Date			
								\$ 37.18		
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy) j. Amount				k. Required Remarks		
	g	1			+	772		Business Cards		
1	check	В		08/10/2014	9	\$37.18		Dabiness caras		
					'					
					4	h				
					9	•				
4. Payee Inform	nation		A	Add	I	Remove				
a. Full Name, Maili	ing Address & Phone		b	. Coordinated Committee N	Name	e		d. Comments		
(include city, state,	& zip)	***************************************	1							
			L							
			C.	c. Level Registered (Specify)						
				Federal		County:				
			State Municipality:				e. Election Sum to Date			
								\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j.	. Amount		k. Required Remarks		
					\$	2				
				-		,				
					\$	3				
4. Payee Inform	ation		A	Add Remove			100			
a. Full Name, Maili	ing Address & Phone		b	. Coordinated Committee N	Name	2		d. Comments		
(include city, state,	& zip)									
			c.	c. Level Registered (Specify)						
				Federal County:						
			State Municipality:				e. Election Sum to Date			
								\$		
f. Account Code	g. Form of Payment	h. Purpose Code	L	i. Date (mm/dd/yyyy)	j.	Amount		k. Required Remarks	-	
					\$					
					\$	3				
5. Total only this Page								\$ 37.18		
6. Total of ALL	CRO-1310 Pages									
(This line goes in	line 13a of Detailed Sun	ımary Page CRO-110	0 if	Operating Expenses)				\$ 2012.19		
			Contrib to Candidates/Politic				\$ 3012.18			
			_	Coordinated Party Expenditu	tures)	)				
7. Purpose Code		penditure code in	, ,							
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic						Candidate		
I - Postage	J - Penalties	itical Party H* - Holding Public Office Expense  Graph Control of the Public Office Expense Full Party  White Property Control of the Public Office Expense Full Party  White Property Control of the Public Office Expense Full Party  White Property Control of the Public Office Expense Full Party  White Property Control of the Public Office Expense Full Party  White Property Control of the Public Office Expense Full Party  White Property Control of the Public Office Expense Full Party Control of the Public O								
O* - Other										